



OFFICE OF U.S. SENATOR CHRISTOPHER A. COONS
UNITED STATES SENATOR FOR DELAWARE

PRIVACY ACT CONSENT FORM

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent. Accordingly, I authorize the staff of Senator Chris Coons to make inquiries and to access any and all of my records or files as necessary to assist me in the matter I have stated below:

Signature

Date

INFORMATION ABOUT YOU AND YOUR CASE:

First Name	M.I.	Last Name	Date of Birth
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Street Address	City	State	Zip
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Email Address	Daytime Phone Number	Evening Phone Number
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Do you currently have a case pending before a local, state or federal court pertaining to this matter? (Circle One) **YES** or **NO**

Federal Agency Involved	Your Social Security Number	Your Alien Registration Number (if applicable)
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U.S. CIS Application Form Number	Rank and Military Branch of Service
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Send this form, along with a detailed letter and all supporting documentation to:

(If resident of New Castle County)

Office of U.S. Senator Chris Coons
Attn: Constituent Affairs
1105 N. Market St., Suite 2000
Wilmington, DE 19801-1233
fax: 302-573-6351

or

(If resident of Kent County or Sussex County)

Office of U.S. Senator Chris Coons
Attn: Constituent Affairs
24 NW Front Street
Windsor Building, Suite 101
Milford, DE 19963
fax 302-424-8090